

## Attachment 1. Application Form



# Kentucky Energy and Environment Cabinet

Department for Energy Development & Independence

500 Mero Street, 12<sup>th</sup> Floor

Frankfort, Kentucky 40601

(502) 564-7192

## Coal Education 2013-2014 Grant Program Application

***This Application is available on-line at [energy.ky.gov](http://energy.ky.gov)***

Applicant Information – Please provide a description in the boxes below for each section

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### Applicant Name:

Click here to enter text.

*(Organization that will enter into the Grant Agreement)*

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### Applicant is a:

Educational Institution or System ☐

Non-Profit Organization ☐

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### Mailing Address:

Click here to enter text.

**Contact Name:** Click here to enter text.  
text.

**Title:** Click here to enter

**Phone Number:** Click here to enter text.  
text.

**Email:** Click here to enter

**Organization Number:** Click here to enter text.  
enter text.

**Federal Employer** Click here to

*(issued by the Secretary of State's Office)*

**Identification Number (FEIN)**

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## Project Location – Where project is located or to be implemented

**County:** [Click here to enter text.](#)

**City:** [Click here to enter text.](#)

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**Project Title:** [Click here to enter text.](#)

### Project Category:

Coal education programs, materials and/or events directed toward education and awareness

Projects that advance in-depth understanding of coal operations, clean coal technologies, electricity production and use and emission issues as well as foster interest in the pursuit of energy-related science and economic careers at the post-secondary level.

### Executive Summary: *(No more than 1200 words)*

[Click here to enter text.](#)

***Project Narrative (max. 25 pages) must be submitted as part of this application.***

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### Project Funding Summary

Grant Amount Requested	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a> % of total
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Match (Leverage)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a> % of total
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Total Project Cost	<a href="#">Click here to enter text.</a>	100 %
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Provide a brief Cost-Benefit Description: (No more than 600 words)

[Click here to enter text.](#)

***Attachment 2, Detailed Budget Document must be submitted as part of this application.***

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**Applicant**

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**Authorized Signature**

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**Date**

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**Printed Name**

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**Printed Title**

**Partner (if applicable)**

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**Authorized Signature**

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**Date**

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**Printed Name**

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**Printed Title**

When you have completed this form, print, sign, and make a copy for your records. Return the original and three copies to the address at the top of this application.

BUDGET			
<b>Additional Identification Information As Necessary</b>			
The grant budget line-item amounts below shall be applicable only to expense incurred during the			
Applicable Period: BEGIN: <b>DATE</b> END: <b>DATE</b>			
OBJECT CLASS CATEGORY	GRANT CONTRACT	MATCH	TOTAL PROJECT
Personnel	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -
Other <sup>1</sup>	\$ -	\$ -	\$ -
Indirect Charges <sup>2</sup>	\$ -	\$ -	\$ -
<b>GRAND TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<sup>1</sup> Applicable detail follow s this page if line-item is funded.

<sup>2</sup> Indirect Charges are limited to 15% of direct charges. Contractual isn't included in direct charges.

**GRANT BUDGET LINE-ITEM DETAIL:**

OTHER	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
<b>TOTAL</b>	Amount

### Attachment 3. Points for Percent of Leveraged Funds

<b>Scale of Evaluation Points for Matching Funds</b>	
<b>Matching Funds as % of Requested Funds</b>	<b>Evaluation Points</b>
<b>0</b>	<b>0</b>
<b>10</b>	<b>1.5</b>
<b>20</b>	<b>3</b>
<b>30</b>	<b>4.5</b>
<b>40</b>	<b>6</b>
<b>50</b>	<b>7.5</b>
<b>60</b>	<b>9</b>
<b>70</b>	<b>10.5</b>
<b>80</b>	<b>12</b>
<b>90</b>	<b>13.5</b>
<b>100</b>	<b>15</b>